

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/09/2015
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NAME OF PROVIDER OR SUPPLIER  BICKFORD OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 5829 EAST 116TH STREET CARMEL, IN 46033
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00181766.</p> <p>Complaint IN00181766 - Substantiated. State deficiency related to the allegations are cited at R0148.</p> <p>Survey Date: September 9, 2015</p> <p>Facility number: 013217 Provider number: NA AIM number: NA</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Census payor type: Other: 33 Total: 33</p> <p>Sample: 6 Supplemental Sample: 8</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 9/10/15 by 29479.</p>	R 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0148  Bldg. 00	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, record review and interview the facility failed to ensure an alarm system for alerting staff when a resident exited the building functioned properly for 4 of 4 alarmed exits.</p> <p>This deficient practice had the potential to affect 6 of 6 sampled residents and 8 of 8 supplemental sampled residents. (Residents "B", "G", "C", "D", "E", "F", "H", "I", "J", "K", "L", "M", "N" and "O").</p>	R 0148	<p>In response to R 148</p> <p>No resident was harmed due to this deficient practice, although the potential for harm did exist for residents requiring use of a "cut band".</p> <p>Continued education for all staff, on the alarm features of the "cut band" equipment and their responsibilities to respond to alarms. Education to include proper use of pagers as part of our security system. Date of most recent in-service covering</p>	09/24/2015			

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	<p>Findings include:</p> <p>1. The record for Resident "B" was reviewed on 09-09-15 at 11:00 a.m. Diagnoses included, but were not limited to, vascular dementia, depression, TIA (transient cerebral ischemic attack) and obstructive sleep apnea. These diagnoses remained current at the time of the record review.</p> <p>The record indicated the resident's "dementia is progressing and needs frequent reminders throughout the day. [Resident name] will exhibit exit seeking behaviors when he is missing [spouse]. BFM's [Bickford Family Members] need to be aware and watch for signs of restlessness and engage in activities."</p> <p>During an observation on 09-09-15 at 8:45 a.m., the resident was seated on a sofa on the Memory Care unit. The resident wore a white bracelet, which the Administrator indicated was a "cut band [a system used for monitoring residents at risk for elopement]." The Administrator indicated the resident previously eloped through a screened window and two times through the maintenance service hallway.</p> <p>A review of the resident's record</p>		<p>this-- 9/10/15 Education for leadership team, to include Director and Maintenance Coordinator, on the proper use of audit/ tracking tools to be provided by Divisional Director. Date of in-service 9/24/15. Continued use of weekly Bickford ExitDoor Inspection Checklist by Maintenance Coordinator. Continued use of monthly Resident Monitoring System Testing Procedure Checklist by Maintenance and direct care staff. Director to ensure that all routine maintenance is done by vendor and vendor notified immediately of any equipment failure. Divisional Directors to monitor compliance with audits on routine site visits as part of quality audits. Date of compliance—9/24/15 and ongoing</p>				

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	<p>indicated on 07-17-15 at 3:45 p.m., the "resident was located at the front door of the facility - easily redirected inside. States he climbed out his window."</p> <p>During an observation on 09-09-15 at 2:45 p.m., with the Administrator in attendance, the window where the resident removed the window screen and previously eloped was observed. This window faced a south parking lot.</p> <p>A physician progress note dated 08-25-15, indicated, "Continues to exhibit exit seeking behaviors. Pt. [patient] did elope from building by climbing out a window. Pt. has been anxious and has not been sleeping well per staff. Pt. is + [positive] for memory loss, difficulty in walking, difficulty in concentrating and anxiety."</p> <p>The record indicated on 08-28-15 at 2:30 p.m., the resident "...was ambulating around the unit, opened outside mechanical door and walked approximately 50 feet. This writer helped resident back onto unit. Cut Band did not sound alarm. New cut band applied and working properly."</p> <p>A Cognitive Assessment dated 08-31-15, indicated the resident was assessed at a "Level 4 Moderate Cognitive Decline late</p>						

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	<p>confusion."</p> <p>A review of the Maintenance Binder on 09-09-15 at 11:30 a.m., indicated the following:</p> <p>a. "08-28-15 Res. [Resident "B"] exited building - pagers did not sound and cut band did not alarm. Called [name of vendor] here to do trouble shooting for alarm system."</p> <p>b. While the facility waited for the vendor to come to the facility, the resident had a additional elopement from the facility on 09-02-15 at 9:30 a.m., when he had "exited the mechanical door exit, Cut band did not sound alarm, resident assisted back to Unit."</p> <p>c. The representative from the technical support company arrived at facility on 09-03-15, to test the system for potential problems.</p> <p>d. Further review of the record indicated "A contractor was at Bickford this morning [09-03-15] investigating the hardwired door system and the ability for the system to send paging regarding the door alarm's [sic]."</p> <p>2. The record for Resident "G" was reviewed on 09-09-15 at 11:30 a.m. Diagnoses included, but were not limited to, dementia, coronary artery disease and hypertension. These diagnoses remained current at the time of the record review.</p>			

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	<p>The record indicated the resident originally resided on the Assisted Living section of the facility and was transferred to Memory Care on 04-21-15.</p> <p>The record indicated the resident displayed "intensive exit seeking on 04-24-15 at 1:00 p.m."</p> <p>The record indicated on 04-27-15 at 4:30 p.m., "The evening nurse reported that [name of Kitchen Manager] had just brought [name of resident] back inside. He saw her standing at MB's [the Memory Care Unit] exit door with the door opened. Easily redirected."</p> <p>During a tour of the unit on 09-09-15 at 11:45 a.m., LPN #5 opened the door Resident "G" used to attempt to exit. The door opened into a parking lot.</p> <p>An additional progress note, dated 05-09-15 at 3:30 p.m., indicated, "Resident exited building and walked out into employee parking lot and opened car door and employee brought resident safely inside. Cut band alarm intact and working properly."</p> <p>The resident's "Cognitive Assessment," dated 08-24-15, indicated the resident score a "Level 5 - moderate severe</p>			

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	<p>cognition - early dementia."</p> <p>The Service Assessment, dated 08-24-15, indicated the resident "will wear a cut band for a history of wandering/elopement. Needs reminders and redirection with exit seeking."</p> <p>During an interview on 09-09-15 at 9:10 a.m., the Administrator indicated Resident "B" had recently eloped from the building twice through the exit door and once through a window. The Administrator indicated locks had been added to the window and indicated the alarm company was called to assess the monitoring system. The Administrator indicated the system had been wired incorrectly and only functioned at the front of the building between 8:00 a.m. and 6:00 p.m. She indicated all residents (Residents "B", "G", "D", "E", "F", "H", "I", "J", "K", "L", "M", "N" and "O") on the Memory Care Unit wore "cut bands" and one resident (Resident "C") on the Assisted Living Unit wore a cut band.</p> <p>During an interview on 09-09-15 at 1:20 p.m., the Maintenance Director indicated the technician came to the facility and "reprogrammed" the system to send the signal to the computer, in the front office area, and then to the pagers the nurses carried. "That's what the system wasn't</p>						

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	<p>doing, getting the alert to the pagers."</p> <p>A review of the facility layout on 09-09-15 at 10:00 a.m., indicated the Memory Care Unit had 4 activation panels within the Unit. The Service entrance where Resident "B" had eloped, had an activation panel and then once he entered the hallway, an additional activation system was located adjacent to the next exit door. This Exit door opened to a long sidewalk which was adjacent to the East side of the building.</p> <p>A review of the manufacturers installation manual on 09-09-15 at 12:00 p.m., indicated the following:</p> <p>a. "4. The Secure Care System Must be Properly Installed - It is your responsibility to assure that any person who might be installing, setting-up, testing, supporting, maintaining or repairing the Secure Care system knows the contents of and has access to the Product Manuals and has successfully completed Secure Care technical training."</p> <p>b. "All adjustable features on new and repaired Secure Care software, parts and products are shipped with "factory default" setting. These "factory default" setting may not comply with building and life safety codes or other applicable laws and regulation in the location where they</p>			

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	<p>are installed or operated."</p> <p>c. "Secure Care strongly recommends, therefore, that the settings on all Secure Care software, parts and products be checked and, if necessary, reset to comply with local building and life safety codes and other applicable laws and regulation at the time of any installation, set-up, testing, support, maintenance or report."</p> <p>d. "5. Performance of the Secure Care System Software Depends on Proper Maintenance - Secure Care's system is driven by software. However, the performance and reliability of any software-driven system depends on adequately maintaining the recommended minimum configuration of computing platform operating systems and applications programs and on regularly performing industry-standard and application specific backup processes."</p> <p>e. "9. The Secure Care System is not a Substitute for Careful Identification and Monitoring by Professional Staff - ...no system or combination of procedures and equipment can eliminate all risk or assure complete security. Secure Care's system is not intended as a substitute for the careful identification and monitoring of residents, patients ... by a facility's professional staff."</p> <p>f. "Recommended Weekly Testing - patient escort ..."</p>						

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	<p>A review of the facility "Resident Monitoring System Testing Testing [sic] Procedure Checklist," on 09-09-15 at 2:15 p.m., dated from April 2015 through August 2015, was provided by the Maintenance Director, and indicated the testing was performed on a monthly basis. Included in this checklist was a section titled "Personal Tags," which instructed the staff to "Use personal tag to check that each monitored door is functioning properly" and to "have each resident wearing a cut band approach a monitored door to test for proper function."</p> <p>During further interview on 09-09-15 at 2:30 p.m., the Maintenance Director indicated this section of the testing "was not done."</p> <p>A review of the manufacturers "Transmitter User Guide," on 09-09-15 at 12:00 p.m., indicated the following:</p> <p>a. "Daily Transmitter Testing - Each day, the aide responsible for the care of the residents utilizing the Secure Care System, must ensure that the ankle or wrist transmitter is in place."</p> <p>b. "This must be done at each shift change [bold type]. Documentation of this check should be made by the nurse's aide. This should be recorded on the</p>			

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	<p>aide's daily checklist for the particular residents."</p> <p>c. "Each transmitter should be tested 'daily [bold type]' to ensure working properly. Date imprinted transmitter's should be checked for expiration date at this time."</p> <p>d. "A documented test of each ankle or wrist transmitter at the facility must be made 'each day [bold type].'"</p> <p>A review of the Bickford "Resident Monitoring System Testing Procedure," on 09-09-15 at 1:30 p.m., and dated as revised 10-2014, indicated the following:</p> <p>a. "Instructions: Test each item listed below and indicated if each item passed or failed inspection. Any items that do not function during inspection are to be marked as 'Failed' and describe your repairs (completed or needed). Failed items are to immediately reported and repaired to Director. The Maintenance Coordinator is to complete and turn in to Director monthly for review and filing."</p> <p>b. "Pagers - Each caregiver is carrying a functioning pager: battery life is appropriate, pages cleared, pager receives page upon test, alert identifies appropriate location, set to vibrate with no audible alarm."</p> <p>During further interview on 09-09-15 at 2:15 p.m., the Maintenance Director</p>			

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	<p>indicated although this checklist was contained within the Maintenance Binder, this form was not used and the area to address the specific concerns of the paging system was not tested.</p> <p>During an interview on 09-09-15 at 2:30 p.m., Resident Care Aide #4 indicated she checked to "make sure the Cut Band bracelet was attached," but did not take the resident's to the "door to check for testing." When further interviewed, the Resident Care Aide indicated she was not aware of any documentation needed in regard to the cut band and if the device was working properly during her shift.</p> <p>This State finding relates to Complaint IN00181766.</p>				